# **SINGAPORE ACCIDENT STATEMENT**

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

  4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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   5. Any false reporting may be referred to the Police for investigation.
   6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **ACCIDENT STATEMENT**

Date of First Submission 12/08/2024 09:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/08/2024 18:55 (SGT) Exact Location of Accident Singapore Additional Location Information **GUILLEMARD ROAD SHELL PETROL STATION** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SCE9896K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HAN LOKE JUAN NRIC No SXXXX508F Fmail Address GOODTECH@SINGNET.COM.SG Mobile Phone No (Phone) +65-96791113 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant **AVANTGARDE (R17 LED)** Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1595 Vehicle Fuel Petrol First Regisration Date 09/07/2018

Chassis no WDD2050402R394482 Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 24-MZC03019-R01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	HAN LOKE JUAN SXXXX508F 20/05/1955 Indoor 26/03/2004 3 Valid 20 YEARS AND 5 MONTHS Male (Phone) +65-96791113 - GOODTECH@SINGNET.COM.SG NO 3, BUKIT BATOK STREET 25, #03-11 - 658881 Yes - No
Insurance Company of Other Vehicle Owned by Driver	- -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	- - -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	Yes Geylang Neighbourhood Police Centre (Phone) +65-18008486999 (Fax) +65-68486799 1 Cassia Link Singapore 397618 No
PLEASE REFER TO POLICE REPORT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Ves

Was there any video captured by Car Camera?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKZ3119E
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

## WITNESS DETAILS

WITNESS 1

Name	 SAS
Phone	 -
Fmail	_

			SHELL PETROL STATION GUILLENARD ROAD
	B	A	
DESCRIBE CIRC	CUMSTANCES OF TH	HE ACCIDENT	
Plea	se refer	to police r	eport
	+30		
	150		
DECLARATION I/We declare the		re true in every respect.	
I/We declare the	foregoing particulars as	re true in every respect.	<i>J.</i> .

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents[including their lawyers/law firms], which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (II) for complying with requirements under any regulations, laws or court orders.

Date & Time: 10/08/2024

Driver's Signature (If driver is not the policyholder)

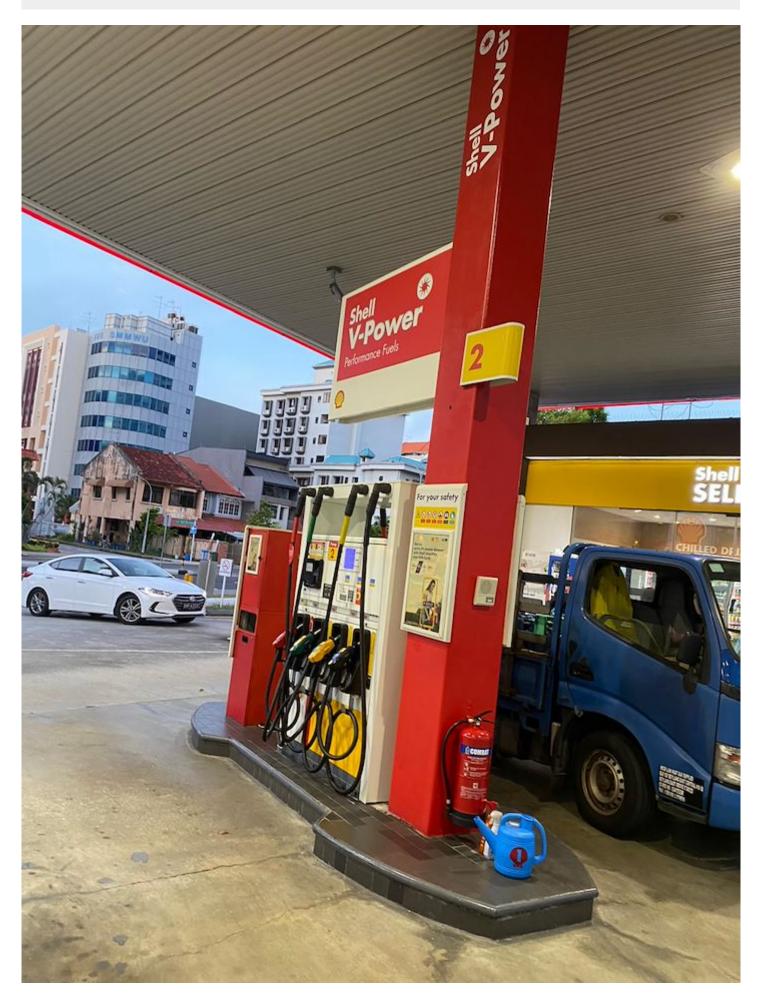
Date & Time:

Reporting Centre Personnel's Signature

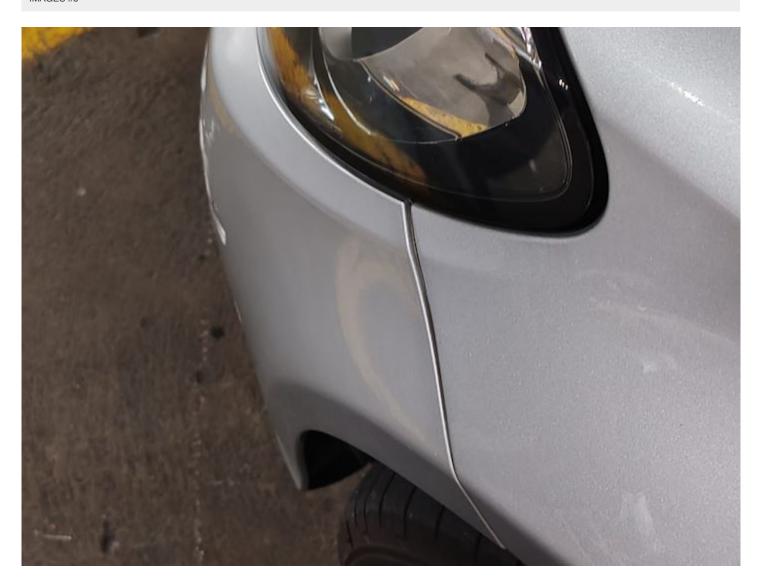
Name: NOELLE NRIC/FIN No.:

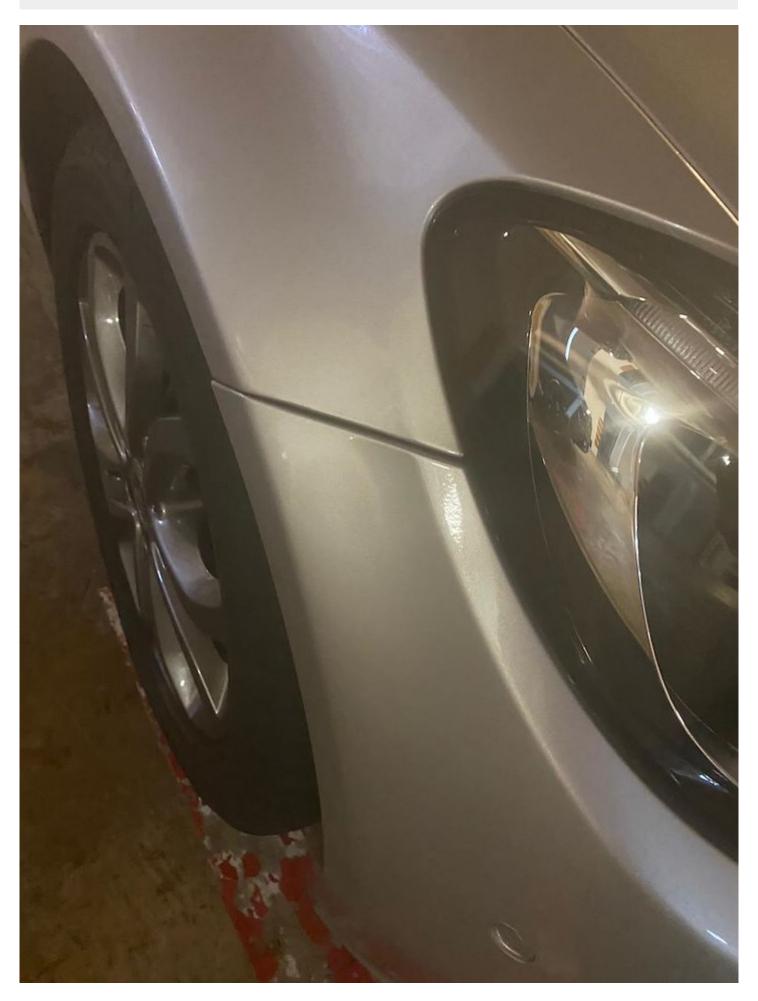










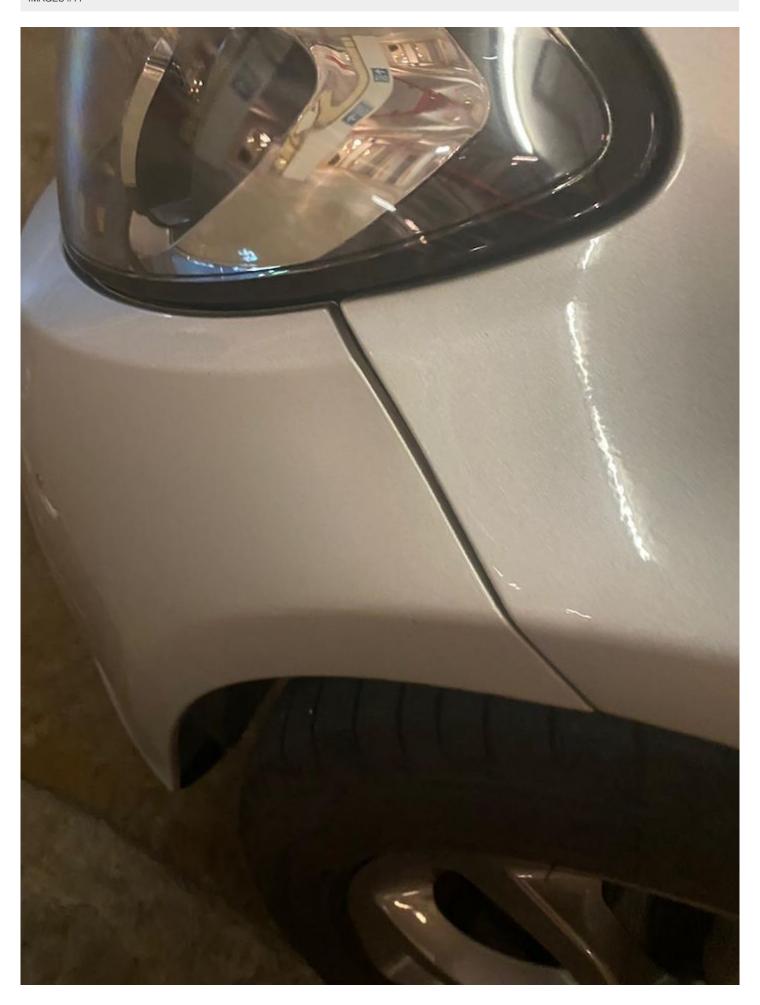




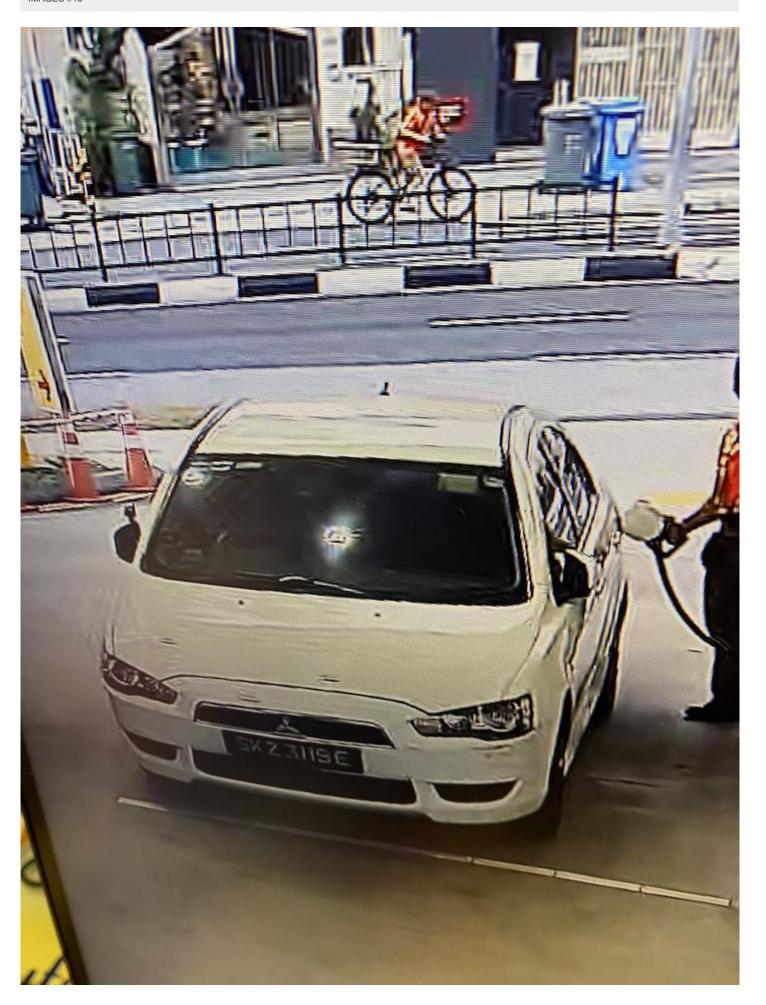






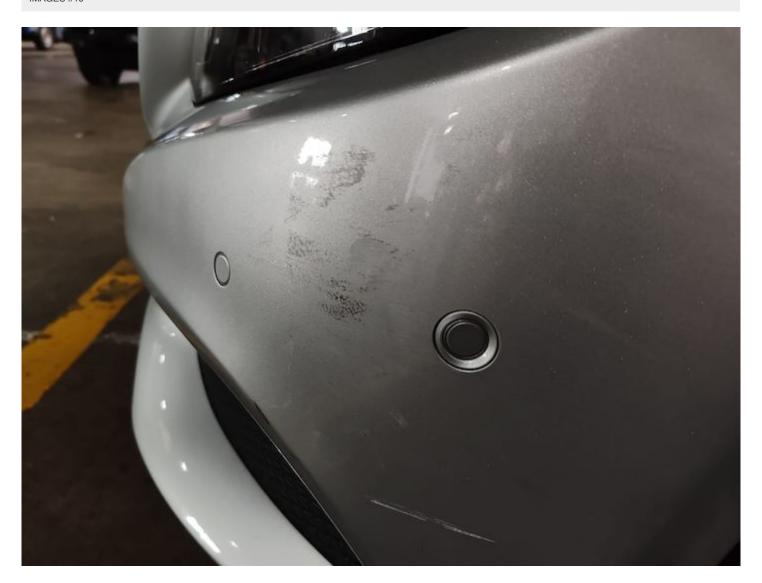




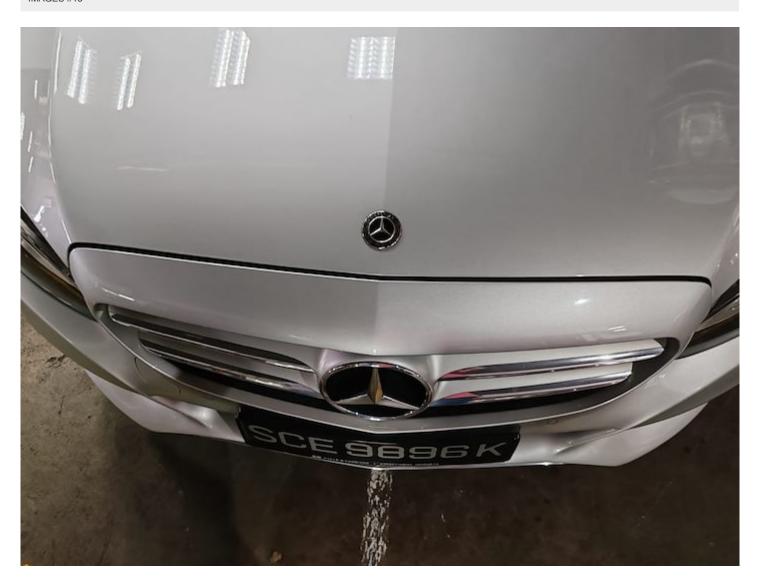










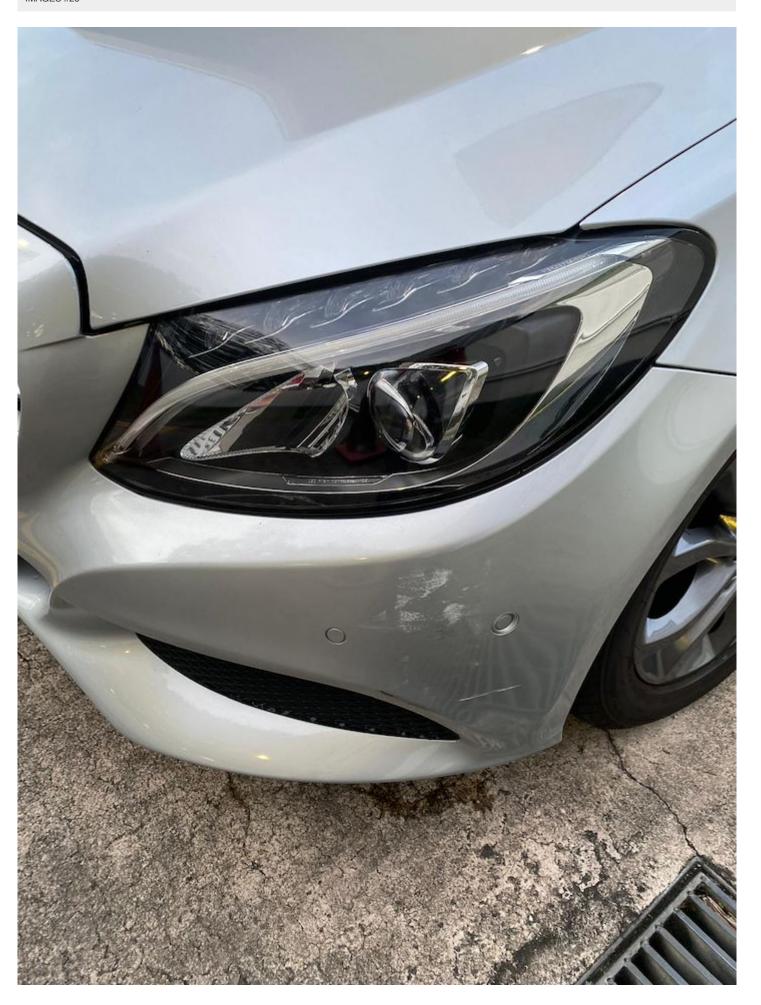


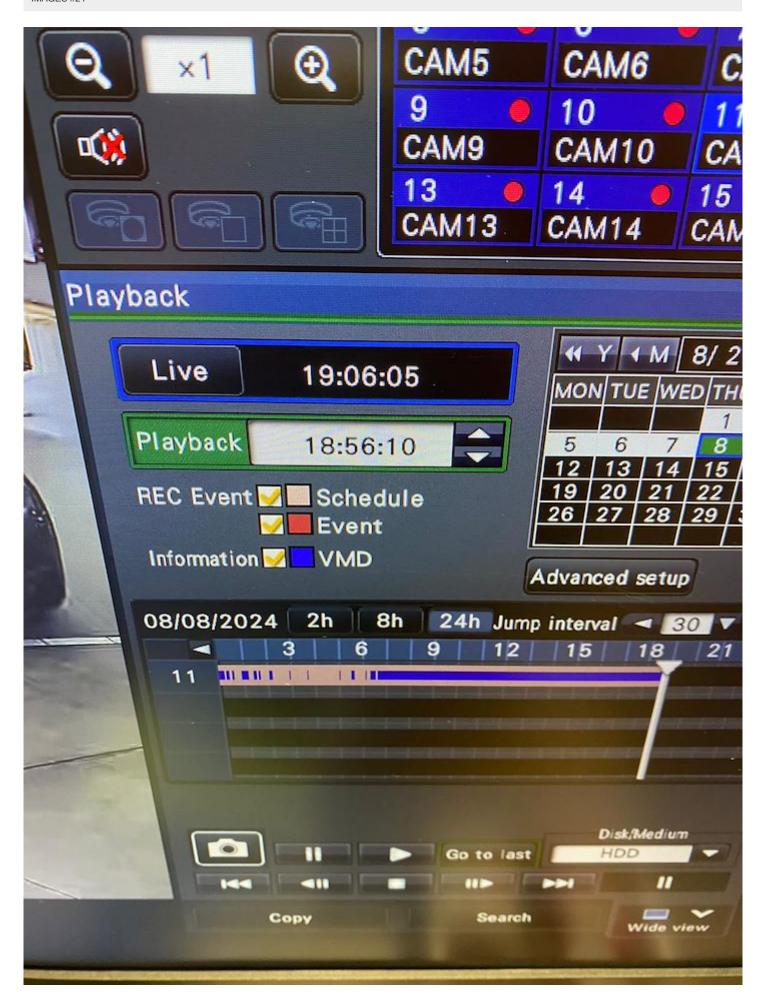


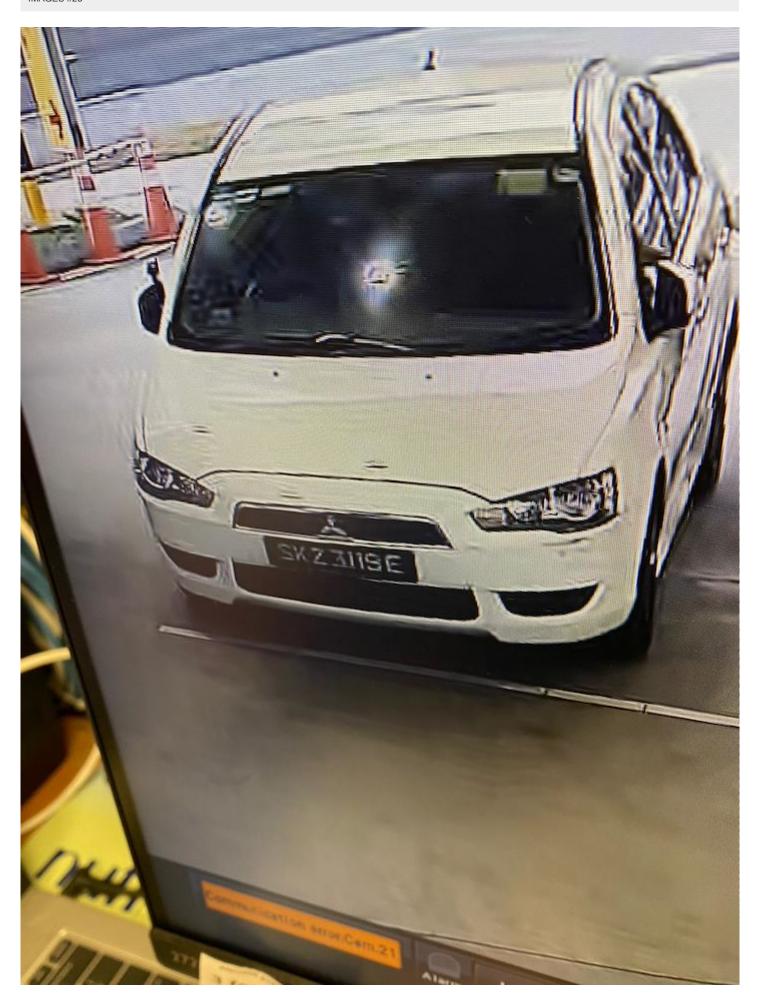


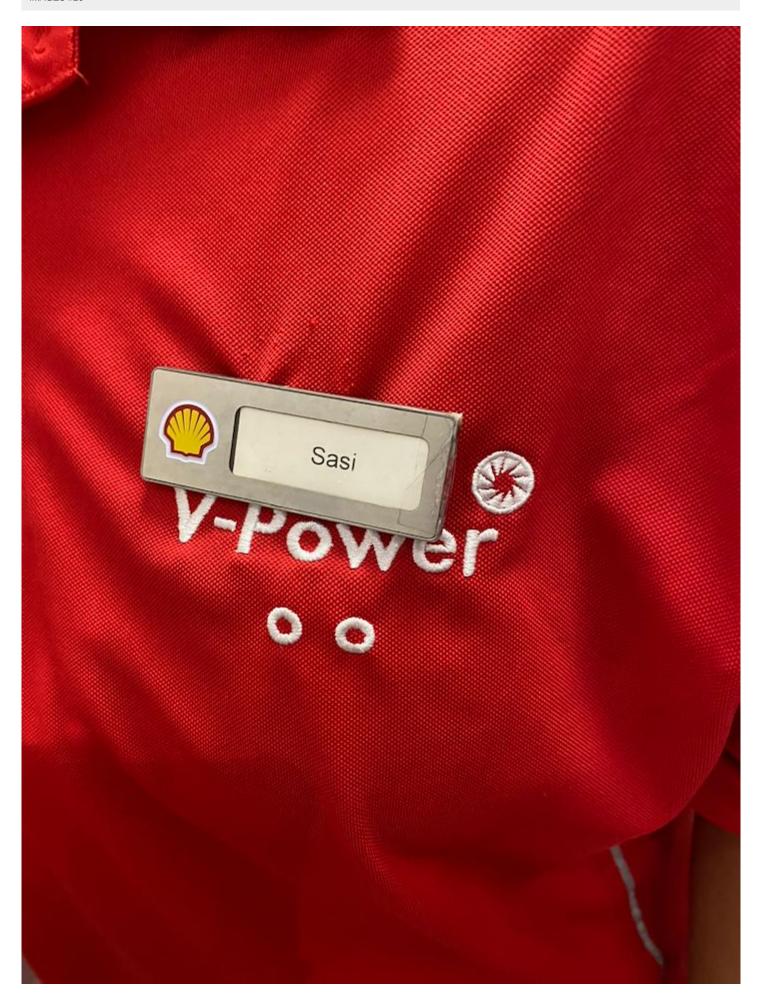


















Report No. T/20240808/2099

Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

	Date/Time Report Made: 08/08/2024 20:56		Vide Report No.: Station Diary 80			
Informa	nt's Partic	ulars	State of the Control of	The state of the s		
	Informant: KE JUAN		Address: 3 BUKIT BATOK STREET 25 #03-11 SINGAPORE 65888			
	/ ID No.: D / S25305(	08F	Contact No.: Home/Office: Mobile: 96791113			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 69	Date of Birth: 20/05/1955	Type of Informant:			
Race: Chinese			Language:			
Occupation: DIRECTOR		Driving Licence Inform Class:	ation: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Date/T Drive: Accide No 08/08/2	
Location: GUILLEMARI	D ROAD	, , , , ,	
Weather:		Road Surface:	
Clear		Dry	
			Traffic Volume:

	efficie involvi	THE PERSON NAMED IN				
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passange
SCE9896K	Motor car				Slightly Damaged	0
SKZ3119E	Motor car					0

Details of Rerson Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

2 of 3 Report No. T/20240808/2099

#### CONTINUATION OF REPORT

Driver		Children of the Control	STATE OF THE SE	1032000	- X2M36	THE RESERVE THE PARTY OF THE PA
Name	HAN LOKE JUAN		ID No		S2530508F	
Related Vehicle	NIL		Contact No.		96791113	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc		charge	NIL	100 - 3	
No. of Days gran	ed Medical Leave NIL Degree of			f	NIL	

On 08/08/2024 at about 1855hrs, I was at Shell petrol station along Guillemard Rd. I was making a payment, and I had left my vehicle (SCE9896K) parked at pump no. 3. I was notified by one of the staff that there was a vehicle (SKZ3119E) who had hit onto my car and left subsequently. I made a check to my vehicle and discovered slight damages which consists of scratches on the front left side of my vehicle. No one was injured. There is a camera at the petrol station that had captured the incident as informed by the staff.

I am lodging this police report for insurance claim purposes.



#### Certificate of Insurance

FORM MXI

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 24-MZC03019-R01 ( Private Motor Car)

Index Mark and Registration Number of Vehicle

o Mai de metrante Singaço d'ita

SCE9896K

Chassis No.: WDD2050402R394482

2. Name of Policyholder

HAN LOKE JUAN

3. Effective date of the Commencement of Insurance for the purposes of the Act

09/07/2024

4. Date of Expiry of Insurance

08/07/2025

5. Persons or Class of Persons entitled to drive\*

(a) The Policyholder.(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the Person driving is permitted in accordance with the licensing or other this or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactionent or regulation in that heliali from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
 Limitations us to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods tother than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered imperative bs Section 8 of the Motor Vehicles (Third-Party Risks and Compensations Act (Chapter 189) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certally that the Policy to which this Certaficate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party, Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Molaysia)

Please refer to the Policy Schedule for full details, terms and conditions of the insurance

#### IMPORTANT NOTICE

This Certificate is not transferable. During as currency, if the insurance is cancelled for whatsoever season, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a stantory declaration to that effect. Futher to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION Account: 2668DDA

Insurance Plan:

Limit for total loss or theft:

Comprehensive Approved Workshop Plan Prevailing Market Value

Policy Excess:

Own Damage Claims

Policy Excess:

SGD 800 Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onto

Printed: 24minutes